

**CITY OF AUSTIN
 WORKPLACE CONDITIONS AFFIDAVIT
 FOR ALL FACILITIES INVOLVED IN THE PERFORMANCE OF THIS CONTRACT
 SOLICITATION NO.**

For

State of Texas
 County of Travis

I, _____, being first duly sworn, depose and say:

- The following are the names of any country of production and the names, physical addresses and phone numbers of each facility involved in the production of goods or provision of services covered by this code, which I shall update to indicate any changes to this list of subcontractors, or facilities during the term of the contract:

Description of goods or services		
Country of Production		
Name of Facility		
Physical Address		
City, State, Zip Code		
Phone Number		

[List as necessary, attach additional sheet if needed]

- Attached and incorporated by reference is an initial and current copy of each of the above-referenced facility's standard payroll records, including the minimum base hourly wage of non-supervisory production employees, percent of wage level paid as health benefit, other benefits, regular deductions from paychecks, normal working hours per day and week, actual working hours per day and week, and overtime policy if any. I shall update this attachment to indicate any change to this information and these standards and policies during the term of this contract.

Contractor's Name:

Printed Name:

Title

Signature of Officer or Authorized Representative: _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

 Notary Public

My Commission Expires _____